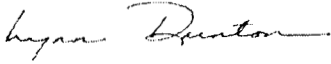




TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-013	2. STATE Arizona
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2005	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42-CFR 435.726, 435.733, 435.832 and Sections 1924 & 1917 of the Act		7. FEDERAL BUDGET IMPACT: a. FFY \$ 0. b. FFY \$ 0.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Pg 4a Supp 1 to Attachment 2.6 A, Pg 1b Supp 12a to Attachment 2.6, A, Pg 1 Supp 13 to Attachment 2.6A, Pg 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Changes due to the increase in the Federal Benefit Rate			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Lynn Dunton Mail Drop 4200 801 East Jefferson Phoenix, Arizona 85034	
13. TYPED NAME: Lynn Dunton			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: October 25, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 25, 2004		18. DATE APPROVED:  28, 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2005		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Linda Minamoto		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

State: ARIZONA

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of Not Less Than \$30 For Individuals and \$60 For Couples. For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>86.85</u> Couples \$ <u>*</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>86.85</u> Adults \$ <u>86.85</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$ <u>86.85</u>.</p>

* In Arizona, all applicants are treated as individuals. If two individuals are married, each would receive a Personal Needs Allowance of \$86.85.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

3. Supplemental Security Income:

Individual Federal Benefit Rate:	\$ 579
Couple Federal Benefit Rate:	\$ 869
300% Individual Federal Benefit Rate:	\$ 1,737

Revision: HCFA-PM-97-2
December 1997

SUPPLEMENT 12a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Individuals who have received institutional services less than 30 days: \$1,737 (allowed by waiver)

Individuals receiving HCBS: \$1,737 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924, except for those provisions set forth in Supplement 14 to Attachment 2.6A.
- B. In the determination of resource eligibility the State minimum resource deduction is \$19,020, subject to change in accordance with federal law.
- C. An institutionalized spouse who (or whose community spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per Section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would work an undue hardship.